2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P22544

1. Entity Name

WILSON TOOL INTERNATIONAL, INC.



FILED Jan 27, 2004 08:00 AM Secretary of State

Principal Place of Business

12912 FARNHAM AVE.,

WHITE BEAR LAKE, MN 55110

Mailing Address

12912 FARNHAM AVE., WHITE BEAR LAKE, MN 55110



01152004

No Chg-P

CR2E034 (10/03)

4. FEI Number 41-0952774 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the plans of registered agent	ourpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typod or printed name of registered agont and fille	f applicable. (NOTE Registered	Agent signature	required when reinstalling)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RENNER, RICHARD T. 5391 CARLSON RD SHOREVIEW, MN 55126				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILSON, RUTH L. 102 DELLWOOD AVE. WHITE BEAR LAKE, MN				000000015460 01/28/04-80015-020 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, KENNETH J. 102 DELLWOOD AVE. WHITE BEAR LAKE, MN			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS		······································			

12. I hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(1). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all ping fine empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/04

651-286-697

Daytime Phone #